223439

## AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS TYPE: []IXC []CLEC []ILEC [X]Wireless

		CERTIFICATE	D COMPAN	IY INFORMATION	Posted: Od			
	SafeLink Wireless, Inc				Devi: SA			
Comp	pany Name			FEIN/SSN	Date: 4/14/10			
				(305) 640-2	(305) 640-2000 Nme: 10:45			
Dba/fl				Telephone #	t-3			
	9700 N.W. 11	2 <sup>th</sup> Avenue			SE A			
Mailir	ng Address		•		SE \$ 6			
	Miami, Florida	33178			1.3			
City, S	State, Zip Code							
	Same as abov	/e						
Busin	ess Location				23 9			
	Same as abov	<i>i</i> e						
City, S	State, Zip Code			County				
		REGISTER	ED AGENT	INFORMATION				
Regis	tered Agent:	Corporate Creation	ons Network	Inc.	····			
Mailin	g Address:	6650 Rivers Aven	nue					
City, S	State, Zip Code:	North Charleston,	South Carol	lina 29406				
	Purcuant to the Commiss	cion's rules and rea	latione print	or type company conta	act for the following areas:			
	r disdail to the Collinas	non s rules and regu	ilations, print	or type company conta	ict for the following areas.			
A.	Javier Rosado	Same as above						
	General Manager (Include	e address if different tha	n above.)		-			
	(305) 715- 6575	/ (305)715-6		JRosado@trac	cfone.com			
	Telephone Number	Facsimile Nu	ımber	E-mail Address	R			
B.	Kim Filardi	Same as above	***		- 2010			
	Customer Relations /Con	nplaints Representative	e (Include add	ress if different than above.)	APR 1 4 ZUIU			
	(305)715-6735			KFilardi@tracfone.com	18030			
	Telephone Number	Facsimile Nu	ımber	E-mail Address	GLERK'S OFFICE			
C1.	Maria Montenegro Customer Relations/Com	Same as above	for Escalated	Complaints (Include ad	dress if different than above.)			
	(305)715-3690	•	305)715-3738	• •	@tracfone.com			
	Telephone Number	Facsimile Nu		E-mail Address	Quacione.com			
	•							
C2.	1-800-378-1684 Customer Contact (Toll Free Number)							
	oustonier contact (10ii F	ice Mumber)						
D.	Sergio Rivera Engineering Operations	Same as above (Include address if difference)	ent than above	.)				
	(305) 715-6638	1	1	SRivera@tracf	one.com			
	Telephone Number	Facsimile Num	nber	E-mail Address				
E.								
<del></del>	Test and Repair (Include	address if different than	above )	,				

	1-800-820-8632 /	1						
	Telephone Number	Facsimile Number		E-mail Address	<del></del>			
=.	1-800-820-8632							
	Emergencies (During non-office hours)							
			1					
	Telephone Number	Facsimile Number		E-mail Address				
n add	lition, please provide the follo	wing company contact infor	mation	to assist in proper routing of correspondence a	nd invoice			
	and the product provide the rolls	ming company contact mor	Macion	to addict in proper routing or correspondence a	III III III III			
G.	Leighton W. Lang Same as above  Regulatory Officer (Include address if different than above.)							
	(305)640-2014	/ (305)715-3738	1	LLang@tracfone.com				
	Telephone Number	Facsimile Number		E-mail Address				
H.	Dual Party Mailings (Name)							
	Mailing Address		<u> </u>					
	Telephone Number	/ Facsimile Number		E-mail Address				
	Chesley Dillon	T GOSTINO (TGITLE)		E Mail / Marioto				
•	Interim LEC Fund Mailings	(Name)						
	Same as above							
	Mailing Address							
	(305)715-3733	/ (305) 418-2612		CDillion@tracfone.com				
	Telephone Number	Facsimile Number		E-mail Address				
J.	Chesley Dillion	-111						
	Universal Service Fund Mailings (Name)							
	Same as above							
	Mailing Address	/ (305) 418-2612	1	CDillion@tracfone.com				
	Telephone Number	Facsimile Number		E-mail Address	****			
<b>≺</b> .	Chesley Dillion							
	Gross Receipts Mailings (Name)							
	Same as above							
	Mailing Address							
	(305)715-3733 Telephone Number	/ (305) 418-2612 Facsimile Number		CDillion@tracfone.com				
	releptione Number	racsimile Mumber		E-mail Address				
	Javier Rosado							
	Lifeline Mailings (Name)							
	Same as above							
	Mailing Address	(005)745 0040	,	10 10 1				
	(305) 715- 6575 Telephone Number	/ (305)715-6940 Facsimile Number	/	JRosado@tracfone.com E-mail Address				
	rotophono rumbos	1 dosimile Humber	/	L-IIIaii Address	$\wedge$			
			(	o ottood d	1)			
	Cynthia A. Jacobs.  This form was completed by (print name)			The second second	-			
	•	(print name)		) Signature				
	SVP-Legal			April 9, 2010	<u>/</u>			
	Title RETURN COMPLETED FOR			Date				
	Public Service Commission of SC Docketing Department			Office of Regulatory Staff Attn: Jeanne Gordon				

Post Office Drawer 11649 Columbia, South Carolina 29211

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